

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101 588404 8-3-06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4				1		
5	1		1	1		
6		1		1		
7				1		
8	1		1	1		
9		1		1		
10		1		1		
11		1		1		
12	1		1			
13		1		1		
14		1		1		
15	4		1			
16	4		1			
17	3		1			
18	3		1			
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50						
TOTAL IND.			4			
TOTAL DEP.			14			
TOTAL CLAIMS		18				

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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